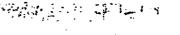
-62-048956 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 500 Registrat's No. 3832 STATE FILE NUMBER Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY VS 300 St. Louis AMENDED St. Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR Inside Limits Yes No [TOWN TOWN 2½ Yrs. Affton Affton (If cutside, give location) c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm いっぱつ 7809 Genesta DATE HOSPITAL OR Yes 🗗 No 🖂 Yes D No 🗗 INSTITUTION 7809 Genesta 24000 3. NAME OF DECEASED Middle First Last 4. DATE Month Day Year 3 OF (Type or print) FRANCIS DEATH J. FIELD DIVEN 1962 Dec. 0 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR 5. \$EX 6. COLOR OR RACE 7. Married 🎇 8. DATE OF BIRTH Never Married [Dava Hours Widowed [Divorced [7-21-1900 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Salesman-Smith-Corona-Marchant(Supply Div.) U.S.A. Benton City. Mo. FOLLOW 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 7 Thomas H. Diven Emily Diven Susan Stevenson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? NA VIIGITAS LATORS 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of serving) NOne 94200 Emily Diven 7809 Genesta 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 Myocardial Infarct 10 Min. RECORD IMMEDIATE CAUSE (a) 능 11 INSTEAD Arteriosclerotic Heart Disease l Yr. + Conditions, if any, DUE TO (b) 1290-0 which gave rise to THIS above cause (a), stating the under-13 DUE TO (c) lying cause last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. □ No □ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED? -,□ YES NO 12 20c, TIME OF Hou Month, Day, Year RIBBON INJURY USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK [7] NOT WHILE AT WORK [] READ **TYPEWRITER** Jan. 15, 1962 to Dec. 29, 1962 and last saw ## alive on Dec. 9, 21. I attended the deceased from. 8:40 A im on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22b. ADDRESS 22c. DATE SIGNED ᆼ 22a. SIGNATUR 3720 Washington Blvd. 12-29-1962 M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23b. DATE 23a, BURIAL CREMATION, AFFIDA REMOVAL (Specify) Ö. St. Louis Co. Mo. Burial 1962 Lakewood Park Cemeterv 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ITEM Kriegshauser 4228 S. Kingshighway Blvd. (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	Nudent Embalmer No
vorking under my personal supervision.	Signed Signed
Signature of Student Embalmer	Licensed Embalmer No. 4533
	O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.